

CONSENT FOR DIAPHRAGM

I, (print or type name) _____,
request the diaphragm as my family planning method.

- ☐ I have received and read information about the diaphragm in the Patient Package Insert about the benefits, risks of using this method. I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers.
- ☐ I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection. I understand the diaphragm offers limited protection from sexually transmitted infections and that I need to use condoms for protection from these infections.
- ☐ I understand that the diaphragm is a barrier method of birth control, made of latex or silicone is dome shaped and is inserted into the vagina and fits over the cervix. It works by blocking sperm from entering the cervix.
- ☐ I understand that the Caya Diaphragm cannot be used together with silicone-based lubricants.
- ☐ I understand the instructions for care and cleaning of the diaphragm.
- ☐ I understand that of 100 women using the diaphragm, 16 will become pregnant during the first year of use. With consistent and correct use, this drops to 6.
- ☐ **I understand that in order to increase Diaphragm effectiveness I must:**
 - Use it every time I have vaginal intercourse
 - Use contraceptive cream or jelly with every act of vaginal intercourse
 - Insert additional jelly in the vagina without removing the device with each additional intercourse, or use a back up method like a condom.
 - Leave the diaphragm in place for at least 6 hours after the last act of intercourse
 - Check diaphragm before each use for holes or weak spots
- ☐ **I understand that the advantages of the diaphragm are as follows:**
 - It can be left in place for up to 24 hours
 - It is non hormonal
 - No effect on menstrual cycle
- ☐ **I understand that the disadvantages of the diaphragm are as follows:**
 - I may have an allergic reaction to the latex or spermicide
 - I may develop a bladder infection
 - I may find it difficult to insert or remove the diaphragm and/or spermicide
 - It may be pushed out of place during intercourse
- ☐ **I understand that I should not use the diaphragm if I have had, now have or develop in the future:**
 - Allergy to the products that the diaphragms or spermicide are made of
 - HIV/AIDS or high risk for HIV
 - History of toxic shock syndrome
- ☐ **I will notify the clinic or my health care provider if I experience:**
 - Discomfort with diaphragm in place
 - Vaginal itching or irritation

- Frequent bladder infections
- Unusual vaginal discharge
- Vulva/vaginal redness or swelling

☐ **I will remove the diaphragm and seek immediate care if I develop signs and symptoms of Toxic Shock Syndrome:**

- Sudden high fever
- A sunburn-like rash
- Diarrhea or vomiting
- Sore throat
- Aching muscles and joints
- Dizziness, faintness, weakness

☐ **I will return to the clinic to determine if the diaphragm still fits after:**

- A delivery of an infant
- Pelvic or abdominal surgery
- An abortion or miscarriage
- If I chose the Caya diaphragm it needs replacement every 2 years.

☐ I understand that most of the spermicides that are used with the diaphragm contain Nonoxynol-9 and that studies have shown that using N-9 multiple times in a day (more than two) can increase the risk of infection with sexually transmitted infections including HIV.

☐ I understand that regular physical exams for routine health care and for screening for STIs and cancer are strongly recommended for all sexually active women and men.

Date: _____ Client Signature: _____

Please complete the following if interpretation of informed consent was required:

An interpreter was offered to the client. ☐ yes ☐ no

This form has been read to the client in the client's spoken language. ☐ yes ☐ no

Patient's Language (specify): _____

Interpreter's Name: (print or type name of interpreter) _____

Interpreter Services provided by(agency): _____

Date: _____ Interpreter Signature: _____

Staff Use Only:

By my signature I affirm that:

- ☐ The client has read this form or had it read to her by an interpreter.
- ☐ The client states that she understands this information.
- ☐ The client has indicated that she has no further questions.

Date: _____ Staff Signature: _____
